PRINTED: 06/26/2009 FORM APPROVED Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 06/24/2009 **NVS4701** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3524 SAINT AIDEN STREET** J MONTERO RESIDENTIAL CARE LAS VEGAS, NV 89129 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) H 000 H 000 Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 6/24/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two. Two resident files and three employee files were reviewed. The following deficiencies were identified: H<sub>019</sub> H 019 Director Duties-No FA/CPR Caregivers #1, #2 and #3 had taken and comple-NAC 449.15523 Director: Duties. (NRS 449.249) ted CPR and First Aid on The director of a home shall: July 1,2009. (Attachments 4. Ensure that a caregiver, who is capable of TAG # H019; TAG # H019-A meeting the needs of the residents and has been trained in first aid, and cardiopulmonary and TAG # H019-B respectresuscitation, is on the premises of the home at ively). all times when a resident is present.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S

This Regulation is not met as evidenced by:

Based on record review and staff interview on 6/24/09, the director did not ensure 3 of 3

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Employees file should be utilized to ensure that CPR and First Aid is current and will be

monitored regularly to

determine if a re-certi-

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
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H 019	Continued From page 1 caregivers had received training in cardiopulmonary resuscitation (CPR) an (Employee #1, #2, and #3).	d first aid	H 019	con't:  fication is needed. The director will monitor for compliance.  c) 7/01/09.	
H 032	Safety & Sanitation-Fire Extinguisher  NAC 449.15525 Requirements for safety sanitation of facility. (NRS 449.249)  2. A home must contain: (b) At least one functional, portable fire extinguisher;	y and	H 032	c) 7/01/09.	
	This Regulation is not met as evidence Based on observation on 6/24/09, the fa failed to have a portable fire extinguishe current inspection date. The fire extingulast inspected 9/28/06, and inspections required on an annual basis.	cility r with a isher was	ម 032	a) The portable fire ex- tinguisher was inspec- ted and was refilled on July 10,2009. ( Refer to Attachment # TAG H032)	
H 050	NAC 441A.375 Medical facilities, facilities dependent and homes for individual rescare: Management of cases and suspectases; surveillance and testing of employeounseling and preventive treatment.  1. A case having tuberculosis or suspectonsidered to have tuberculosis in a metacility or a facility for the dependent muture managed in accordance with the guidelic Centers for Disease Control and Preventadopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  2. A medical facility, a facility for the dependent muture for individual residential care shapped and the surveillance of employees of the or home for tuberculosis and tuberculosis.	idential cted case edical st be ines of the ation as of the pendent or itall ne facility	H 050	be inspected regularly and will be checked by the fire inspector at least once a year to ensure that the fire extinguisher is filled and be ready for use anytime. The director will monitor for compliance.  c) 7/10/09.	

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
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H 050	Continued From page 2		H 050		
H 050	infection. The surveillance of employees conducted in accordance with the recommendations of the Centers for Dis Control and Prevention for preventing the transmission of tuberculosis in facilities health care set forth in the guidelines of Centers for Disease Control and Preventiadopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  3. Before initial employment, a person expression in a medical facility, a facility for the depart a home for individual residential care shad:  (a) Physical examination or certification licensed physician that the person is in a good health, is free from active tubercultiany other communicable disease in a constage; and  (b) Tuberculosis screening test within the preceding 12 months, including personshistory of bacillus Calmette-Guerin (BCC vaccination). If the employee has only completed the of a 2-step Mantoux tuberculin skin test preceding 12 months, then the second second 12-step Mantoux tuberculin skin test or one single-step tuberculosis screening test madministered. A single annual tuberculosis screening test must be administered the unless the medical director of the facility designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of test documents that determination. The risk exposure and corresponding frequency examination must be determined by foll guidelines of the Centers for Disease C	sease providing the ation as if mployed endent or all have from a a state of osis and ontagious e with a G) first step within the step of the ther must be sis ereafter, or his sting and of of owing the ontrol and	H 050		
	Prevention as adopted by reference in p (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented hist				
		- <b>,</b>	<u> </u>		

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H 050	positive tuberculosis screening test is exfrom screening with skin tests or chest radiographs unless he develops symptom suggestive of tuberculosis.  5. A person who demonstrates a positive tuberculosis screening test administered to subsection 3 shall submit to a chest raind medical evaluation for active tuberce. Counseling and preventive treatment offered to a person with a positive tuberce screening test in accordance with the gu of the Centers for Disease Control and Prevention as adopted by reference in person (g) of subsection 1 of NAC 441A.200.  7. A medical facility shall maintain surve employees for the development of pulmes symptoms. A person with a history of tuberculosis screening test report promptly to the infection control sif any, or to the director or other person of the medical facility if the medical facility and pulmonary symptoms develop. If synof tuberculosis are present, the employed be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-23-28-96; R084-06, 7-14-2006)	ms  I pursuant adiograph ulosis. must be culosis idelines aragraph illance of onary perculosis shall pecialist, in charge ity has not t, when mptoms ee shall	H 050	a) Caregivers #1, #2 and #3 had completed tuber- culosis screening and testing on June 30,2009, July 2,2009 and July 9, 2009 respectively. ( Attachments #s; TAG H050-A & TAG H050-B ). b) All employees file will be reviewed regularly to ensure that TB test is current. Employees file will be utilized to determine if a re-test or re-certification is needed. The director will monitor for compliance. c) 6/30/09; 7/02/09; and 7/09/09.	
	This Regulation is not met as evidence Based on record review on 6/24/09, the failed to ensure that 3 of 3 caregivers cowith NAC 441A.375 regarding tuberculo (Employee #1, #2 and #3).	facility omplied		,	
	Tuberculosis-Residents		H 055		

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

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STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

3524 SAINT AIDEN STREET

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H 055	Continued From page 4		H 055		
П 033	NAC 441A.380 Admission of persons to medical facilities, facilities for the dependance for individual residential care: Test respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)  1. Except as otherwise provided in this subefore admitting a person to a medical factended care, skilled nursing or intermedate, the staff of the facility shall ensure the chest radiograph of the person has been within 30 days preceding admission to the Except as otherwise provided in this subthe staff of a facility for the dependent, a individual residential care or a medical factended care, skilled nursing or intermedate shall:  (a) Before admitting a person to the facility home, determine if the person:  (1) Has had a cough for more than 3 were (2) Has a cough which is productive;  (3) Has blood in his sputum;  (4) Has a fever which is not associated wordly flu or other apparent illness;  (5) Is experiencing night sweats;  (6) Is experiencing unexplained weight to (7) Has been in close contact with a person active tuberculosis.  (b) Within 24 hours after a person, include person with a history of bacillus Calmette (BCG) vaccination, is admitted to the fact home, ensure that the person has a tube screening test, unless there is not a person qualified to administer the test in the facility or home when the person is admitted. If the a person qualified to administer the test facility or home shall ensure the test is performed within 24 hours after a test is performed.	dent or sting; ection, acility for ediate that a net facility. ection, home for acility for ediate lity or ediate lity or eson who ding a e-Guerin cility or erculosis son ility or ere is not in the itted, the qualified			
	person arrives at the facility or home or v				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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	Continued From page 5 days after the patient is admitted, which sooner. (c) If the person has only completed the of a two-step Mantoux tuberculin skin tet the 12 months preceding admission, enthe person has a second two-step Mant tuberculin skin test or other single-step tuberculosis screening test. After a personal an initial tuberculosis screening test facility or home shall ensure that the personal determines that the risk of exposure is appropriate for a lesser frequency of test documents that determination. The risk exposure and corresponding frequency examination must be determined by folloguidelines as adopted by reference in positive tuberculosis screening test is expositive tuberculosis.  4. If the staff of the facility or home determination and the facility or home determination and the person has had a cough for more weeks and that he has one or more of the symptoms described in paragraph (a) of subsection 2, the person may be admitted facility or home if the staff keeps the perspiratory isolation in accordance with guidelines of the Centers for Disease C. Prevention as adopted by reference in processing test is exposited in paragraph (a) of subsection 1 of NAC 441A.200 units of the Centers for Disease C. Prevention as adopted by reference in processing test is exposited in paragraph (a) of subsection 1 of NAC 441A.200 units of the Centers for Disease C. Prevention as adopted by reference in processing test is exposited in paragraph (a) of subsection 1 of NAC 441A.	ever is first step est within sure that oux on has t, the rson has ually or his sting and of of owing the aragraph of a exempt est or home d at least freed to the rson in the ontrol and paragraph of in the outer of	1	CROSS-REFERENCED TO THE APPROPRIATE	
	health care provider determines whether person has active tuberculosis. If the stable to keep the person in respiratory is	aff is not		and a fabric statement of deficiencies	

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H 055	the staff shall not a care provider deternot have active tub 5. If a test or evaluation has suspected or a the facility or home the facility or home admitted, shall not the facility or home keeps the person in person must be keynealth care provided does not have actival though the person longer infectious not certify that a person to infectious unless obtained not less the sputum AFIB smeasure that the perin accordance with Centers for Diseasure that t	dmit the person until mines that the person erculosis. ation indicates that a active tuberculosis, the shall not admit the person to responsive the facility of allow the person to respiratory isolation of the respiratory isolation of the tuberculosis or center that the vertice tuberculosis or center that the tuberculosis of the tenter consecutive are which were collected to a facility or home that the recommendation of the facility or home that the tuberculosis. The are set forth in the guild by reference in person of NAC 441A.200. facility or home shall	a health n does  person e staff of person to been emain in r home n. The tion until a person rtifies that, osis, he is ider shall erculosis is ovider has e negative enegative e	H 055	DETICIENCE!)		
	offered to each per tuberculosis screen the guidelines of the	d preventive treatmer rson with a positive ning test in accordan ne Centers for Diseas adopted by reference	ce with se Control				

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paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure

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06/24/2009

Bureau of Health Care Quality & Compliance

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H 055	Continued From page 7		H 055				
	that any action carried out pursuant to this section and the results thereof are documented in the person 's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)		Н 055	a) Residents #1 and #2 completed their tuber- culosis tests on July 7 & 8, 2009 respectively- ( Attachments TAG # H055; & TAG #H055-A)			
	This Regulation is not met as evidenced Based on record review on 6/24/09, the fa failed to ensure that 2 of 2 residents compatible NAC 441A.380 regarding tuberculosi (Resident #1 and #2).	acility plied		b) All residents' file will be checked and re- viewed to up-date tuber- culosis testing. Residents file will be utilized to determine if there's a need for re- certification. The director will monitor for compliance.	16		
				c) 7/08/09 & 7/09/09.			

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